

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

**Application for Approval of Plans for
Public Water Supply Improvement**

Applicant	Location of works (C,V,T)	County	Water District (specific area served)
Type of ownership <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private – Other <input type="checkbox"/> Authority <input type="checkbox"/> Interstate <input type="checkbox"/> Industrial <input type="checkbox"/> Water Works Corp. <input type="checkbox"/> Private – Institutional <input type="checkbox"/> Federal <input type="checkbox"/> International <input type="checkbox"/> Board of Education <input type="checkbox"/> State <input type="checkbox"/> Native American Reservation			
<input type="checkbox"/> Modifications to existing system. If checked, provide PWS ID # NY _____			
New System. If checked, provide capacity development (viability) analysis*			
If this project involves a new system, new water district, or a district extension provide boundary description location details in digital format on CD or Floppy Disk. If digital boundary location details are not available provide a text description. <input type="checkbox"/> Digital GIS Data Provided <input type="checkbox"/> Digital CAD Data Provided <input type="checkbox"/> Other Digital Data Provided <input type="checkbox"/> Text Description Provided <input type="checkbox"/> N/A			
Funding Source <input type="checkbox"/> Private <input type="checkbox"/> DWSRF** <input type="checkbox"/> Federal <input type="checkbox"/> Other _____ If DWSRF is checked, provide DWSRF # _____			
Estimated Project Cost Source \$ _____ Treatment \$ _____ Storage \$ _____ Distribution \$ _____ Pumping \$ _____ Engineering \$ _____ Legal/Permitting \$ _____ Total \$ _____			
Type of Project <input type="checkbox"/> Source <input type="checkbox"/> Corrosion Control <input type="checkbox"/> U.V. Light Disinfection <input type="checkbox"/> Distribution <input type="checkbox"/> Transmission <input type="checkbox"/> Pumping Unit <input type="checkbox"/> Fluoridation <input type="checkbox"/> Storage <input type="checkbox"/> Chlorination <input type="checkbox"/> Other Treatment <input type="checkbox"/> Other Project Description: _____ _____			
Population Total population of Service area _____ % population actually served _____ % population served affected by project _____			
Latest total consumption data (in MGD) Avg. day _____ Year _____ Max. day _____ Year _____ Peak hr. _____ Year _____		14. NYS Professional Licensed Engineer Stamp & Signature *** <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Name of design engineer _____ Address _____ Telephone No. _____ E-Mail _____ Fax No. _____			
Name and title of applicant or designated representative Address _____ <div style="display: flex; justify-content: space-between;"> Signature of applicant _____ _____/_____/_____ Date </div>			
<p>NOTE: All applications must be accompanied by 3 sets of plans, 3 sets of specifications and an engineer's report describing the project in detail. The project must first be discussed with the appropriate city, county, district or regional public health engineer. Signature by a designated representative <i>must</i> be accompanied by a letter of authorization.</p> <p>* Additional information regarding capacity development may be found at: http://www.health.state.ny.us/nysdoh/water/main.htm</p> <p>**Current DWSRF project listings may be found at: http://www.health.state.ny.us/nysdoh/water/main.htm</p> <p>***By affixing the stamp and signature the Design Engineer agrees that the plans and specifications have been prepared in accordance with the most recent version of the recommended standards for water works and in accordance with the NYS Sanitary Code.</p>			